



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 11-03655-30

**Community Based Outpatient
Clinic Reviews
Brooklyn (Chapel Street) and
Sunnyside (Queens), NY
Franklin (Venango), PA**

November 14, 2012

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: <http://www.va.gov/oig/contacts/hotline.asp>)

Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CPRS	Computerized Patient Record System
DM	Diabetes Mellitus
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HCS	Health Care System
HF	heart failure
IT	information technology
MH	mental health
NA	not applicable
OIG	Office of Inspector General
PCP	primary care provider
PII	personally identifiable information
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Table of Contents

	Page
Executive Summary	i
Objectives and Scope	1
Objectives	1
Scope	1
CBOC Characteristics	2
MH Characteristics	3
Results and Recommendations	4
Management of DM–Lower Limb Peripheral Vascular Disease	4
Women’s Health	5
C&P	6
Environment and Emergency Management	8
HF Follow-Up	10
Appendixes	
A. HF Follow-Up Results	11
B. VISN 3 Director Comments	13
C. VA New York Harbor HCS Director Comments	14
D. James J. Peters VAMC Director Comments	16
E. VISN 4 Director Comments	19
F. Erie VAMC Director Comments	20
G. OIG Contact and Staff Acknowledgments	22
H. Report Distribution	23

Executive Summary

Purpose: We conducted an inspection of three CBOCs during the week of July 16, 2012. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
3	VA New York Harbor HCS	Chapel Street
	James J. Peters VAMC	Queens
4	Erie VAMC	Venango
Table 1. Sites Inspected		

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

VA New York Harbor HCS

- Ensure that the Chapel Street CBOC clinicians document a risk level in CPRS for diabetic patients in accordance with VHA policy.
- Ensure that the Chapel Street CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure the security of PII on the laboratory specimens when they are transported from the Chapel Street CBOC.

James J. Peters VAMC

- Ensure that the Queens CBOC clinicians document a complete foot screening for diabetic patients in CPRS.
- Ensure that the Queens CBOC clinicians document a risk level in CPRS for diabetic patients in accordance with VHA policy.
- Ensure that the Queens CBOC maintains patient privacy in the examination rooms.
- Ensure the security of PII on laboratory specimens when they are transported from the Queens CBOC.
- Ensure that managers develop a local policy for MH and medical emergencies that reflects the current practice and capability at the Queens CBOC.

Erie VAMC

- Ensure that the Venango CBOC clinicians document that diabetic patients with a risk assessment Level 2 or 3 have been assessed for therapeutic footwear and/or orthotics.
- Ensure that computer monitors utilized for patient care documentation cannot be viewed by unauthorized individuals.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B–F, pages 13-21, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives. The purposes of this review are to:

- Evaluate the extent CBOCs have implemented the management of DM–Lower Limb Peripheral Vascular Disease in order to prevent lower limb amputation.
- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²

Scope. The review topics discussed in this report include:

- Management of DM–Lower Limb Peripheral Vascular Disease
- Women’s Health
- HF Follow-up
- C&P
- Environment and Emergency Management

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-03653-283 *Informational Report Community Based Outpatient Clinic Cyclical Report FY 2012*, September 20, 2011. This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of Inspectors General on Integrity and Efficiency.

¹ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

² VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information. Table 2 displays the inspected CBOCs and specific characteristics.

	Chapel Street	Queens	Venango
VISN	3	3	4
Parent Facility	VA NY Harbor HCS	James J Peters VAMC	Erie VAMC
Type of CBOC	VA	VA	VA
Number of Uniques, ³ FY 2011	1,919	443	2,035
Number of Visits, FY 2011	24,209	1,306	10,482
CBOC Size ⁴	Mid-size	Small	Mid-size
Locality ⁵	Urban	Urban	Rural
Full-time employee equivalents PCP	0.72	0.75	1.59
Full-time employee equivalents MH	1.8	0	0.6
Types of Providers	Licensed Clinical Social Worker Nurse Practitioner PCP Psychiatrist Psychologist	PCP Pharmacist	Nurse Practitioner PCP
Specialty Care Services Onsite	No	No	No
Tele-Health Services	Care Coordination Home Tele-Health Tele-MOVE! ⁶	None	Care Coordination Home Tele-Health Tele-MOVE! ⁶ Tele-Dermatology Tele-MH Tele-Retinal Imaging
Ancillary Services Provided Onsite	EKG Laboratory	EKG Laboratory	EKG Laboratory
Table 2. CBOC Characteristics			

³ <http://vssc.med.va.gov>

⁴ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

⁵ <http://vaww.pssg.med.va.gov/>

⁶ IL 10-2004-014, *The Managing Overweight and/or Obesity for Veterans Everywhere (MOVE!) Program*, October 7, 2004.

MH CBOC Characteristics

Table 3 displays the MH characteristics for each CBOC reviewed.

	Chapel Street	Queens	Venango
Provides MH Services	Yes	No	Yes
Number of MH Uniques, FY 2011	1,824	0	208
Number of MH Visits, FY 2011	25,487	0	1,222
General MH Services	Diagnosis & Treatment Plan Medication Management Psychotherapy	N/A	Diagnosis & Treatment Plan Medication Management Psychotherapy Post Traumatic Stress Disorder Military Sexual Trauma
Specialty MH Services	Consult & Treatment MH Intensive Case Management Homeless Program Substance Use Disorder Psychotherapy Compensated Work Therapy	N/A	Consult & Treatment MH Intensive Case Management Homeless Program Substance Use Disorder Post Traumatic Stress Disorder Teams
Tele-MH	No	No	Yes
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility Fee-Basis

Table 3. MH Characteristics for CBOCs

Results and Recommendations

Management of DM—Lower Limb Peripheral Vascular Disease

VHA established its Preservation-Amputation Care and Treatment Program in 1993 to prevent and treat lower extremity complications that can lead to amputation. An important component of this program is the screening of at-risk populations, which includes veterans with diabetes. Table 4 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	The parent facility has established a Preservation-Amputation Care and Treatment Program. ⁷
	The CBOC has developed screening guidelines regarding universal foot checks.
	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
	The CBOC has referral guidelines for at-risk patients.
Chapel Street	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁸
Queens	There is documentation of foot screening in the patient's medical record.
Chapel Street Queens	There is documentation of a foot risk score in the patient's medical record.
Venango	There is documentation that patients with a risk assessment Level 2 or 3 received therapeutic footwear and/or orthotics.
Table 4. DM	

VISN 3, VA New York Harbor HCS – Chapel Street

Risk Level Assessment. The Chapel Street CBOC clinicians did not document a risk level in the CPRS for three of seven diabetic patients. VHA policy⁹ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Foot Care Education Documentation. The Chapel Street CBOC clinicians did not document preventative foot care education in CPRS for four of seven patients with DM.

Recommendation 1. We recommended that the Chapel Street CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

⁷ VHA Directive 2006-050, *Preservation Amputation Care and Treatment (PACT) Program*, September 14, 2006.

⁸ VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

⁹ VHA Directive 2006-050.

Recommendation 2. We recommended that the Chapel Street CBOC clinicians document education of foot care to diabetic patients in CPRS.

VISN 3, James J. Peters VAMC – Queens

Foot Screenings. The Queens CBOC clinicians did not document a complete foot screening (including foot inspection, circulation check, and sensory testing) in the CPRS for 3 of 19 diabetic patients at Queens CBOC.

Risk Level Assessment. The Queens CBOC clinicians did not document a risk level in the CPRS for 4 of 19 diabetic patients. VHA policy¹⁰ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Recommendation 3. We recommended that the Queens CBOC clinicians document complete foot screenings for diabetic patients in CPRS.

Recommendation 4. We recommended that the Queens CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

VISN 4, Erie VAMC – Venango

Therapeutic Footwear/Orthotics. At the Venango CBOC, we did not find documentation that therapeutic footwear or orthotics were prescribed to three of four diabetic patients identified at high risk (Level 2 and 3) for extremity ulcers and amputation.

Recommendation 5. We recommended that the Venango CBOC clinicians document assessment of therapeutic footwear and/or orthotics for diabetic patients with risk assessment Level 2 or 3.

Women's Health Review

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.¹¹ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹² Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Table 5 shows the areas reviewed for this topic.

¹⁰ VHA Directive 2006-050.

¹¹ American Cancer Society, Cancer Facts & Figures 2009.

¹² VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

Noncompliant	Areas Reviewed
	Patients were referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology's Breast Imaging Reporting and Database System code categories. ¹³
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Chapel Street	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
	Fee Basis mammography reports are scanned into Veterans Health Information Systems and Technology Architecture.
	All screening and diagnostic mammograms were initiated via an order placed into the Veterans Health Information Systems and Technology Architecture radiology package. ¹⁴
	Each CBOC has an appointed Women's Health Liaison.
	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
Table 5. Mammography	

We reviewed the medical records of two patients at the Chapel Street CBOC and six patients at the Venango CBOC who had mammograms done on or after June 1, 2010. There were no patients identified at the Queens CBOC that met the criteria for the record review.

VISN 3, VA New York Harbor HCS – Chapel Street

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Chapel Street CBOC who had normal mammography results and determined that 1 of 2 patients were not notified within the required timeframe of 14 days. Due to the small patient sample, we did not make a recommendation.

C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹⁵ Table 6 shows the areas reviewed for this topic.

¹³ The American College of Radiology's Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

¹⁴ VHA Handbook 1330.01.

¹⁵ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed
	(1) There was evidence of primary source verification for each provider's license.
	(2) Each provider's license was unrestricted.
	(3) New Provider:
	a. Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	b. FPPE was initiated.
	c. Timeframe for the FPPE was clearly documented.
	d. The FPPE outlined the criteria monitored.
	e. The FPPE was implemented on first clinical start day.
	f. The FPPE results were reported to the medical staff's Executive Committee.
	(4) Additional New Privilege:
	a. Prior to the start of a new privilege, criteria for the FPPE were developed.
	b. There was evidence that the provider was educated about FPPE prior to its initiation.
	c. FPPE results were reported to the medical staff's Executive Committee.
	(5) FPPE for Performance:
	a. The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	b. A timeframe for the FPPE was clearly documented.
	c. There was evidence that the provider was educated about FPPE prior to its initiation.
	d. FPPE results were reported to the medical staff's Executive Committee.
	(6) The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	(7) Privileges granted to providers were facility, service, and provider specific. ¹⁶
	(8) The determination to continue current privileges were based in part on results of ongoing professional practice evaluation activities.
	(9) The ongoing professional practice evaluation and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.

¹⁶ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	(11) Scopes of practice were facility specific.
Table 6. C&P	

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements
	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
	The patient care area is safe.
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
Queens	Privacy is maintained.
Venango	IT security rules are adhered to.
Chapel Street Queens	Patients' PII is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than $\frac{3}{4}$ full.
	There is evidence of fire drills occurring at least annually.
	There is evidence of an annual fire and safety inspection.
	Fire extinguishers are easily identifiable.
	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 7. EOC	

VISN 3, VA New York Harbor HCS – Chapel Street

PII. We found that laboratory specimens labeled with PII were transported in unlocked containers from Chapel Street CBOC to the parent facility for processing. VHA policy¹⁷ states the privacy and security of patient information stored in any media must be protected.

Recommendation 6. We recommended that the security of PII on laboratory specimens is ensured when they are transported from the Chapel Street CBOC.

VISN 3, James J. Peters VAMC – Queens

Privacy. We found that one of the three examination rooms at the Queens CBOC had an examination table visible from the hallway when the entry door was opened. Additionally, the foot of the examination table was positioned facing the door entrance. Privacy curtains were not installed in this patient examination room. VHA policy¹⁸ requires that patient dignity and privacy must be maintained at all times during the course of a physical examination.

PII. We found that laboratory specimens labeled with PII were transported in unlocked containers from the Queens CBOC to the parent facility for processing. VHA policy¹⁹ states the privacy and security of PII stored in any media must be protected.

Recommendation 7. We recommended that patient privacy in the examination rooms is ensured at the Queens CBOC.

Recommendation 8. We recommended that the security of PII on laboratory specimens is ensured when they are transported from the Queens CBOC.

VISN 4, Erie VAMC – Venango

IT Security. We found that the current room layout and absence of privacy screens on monitors throughout the Venango CBOC allowed information to be viewed by individuals entering the room or walking past. In accordance with VHA Handbook 6500,²⁰ computer screens should be positioned to eliminate viewing of PII by unauthorized individuals, or deployed with privacy screens.

Recommendation 9. We recommended that Venango CBOC staff secure the view of PII on computer screens.

¹⁷ VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.

¹⁸ VHA Handbook 1330.01.

¹⁹ VHA Handbook 1907.01.

²⁰ VHA Handbook 6500.06, *Information Security Program*, September 18, 2007.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.²¹ Table 8 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
Queens	There is a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.
Queens	There is a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.

Table 8. Emergency Management

VISN 3, James J. Peters VAMC - Queens

Local Policy. The Queens CBOC did not have a local policy to instruct staff on how they were to respond to a MH or medical emergency.

Recommendation 10. We recommended that managers develop a local policy for MH and/or medical emergencies that reflects the current practice and capability at the Queens CBOC.

HF Follow Up

The VA provides care for over 212,000 patients with HF. Nearly 24,500 of these patients were hospitalized during a 12-month period during FYs 2010 and 2011. The purpose of this review is to evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF. The results of this topic review are reported for informational purposes only. After the completion of the FY 2012 inspection cycle, a national report will be issued detailing cumulative and comparative results for all CBOCs inspected during FY 2012. The results of our review of the selected CBOCs discussed in this report are found in Appendix A.

²¹ VHA Handbook 1006.1.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
<i>Guidance</i>	<i>Facility</i>	<i>Yes</i>	<i>No</i>
The CBOC monitors HF readmission rates.	VA New York Harbor HCS		
	Chapel Street	X	
	James J. Peters VAMC		
	Queens	X	
	Erie VAMC		
	Venango	X	
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	VA New York Harbor HCS		
	Chapel Street	X	
	James J. Peters VAMC		
	Queens		X
	Erie VAMC		
	Venango	X	
Medical Record Review Results			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC providers regarding the HF admission.	VA New York Harbor HCS		
	Chapel Street	NA	NA
	James J. Peters VAMC		
	Queens	NA	NA
	Erie VAMC		
	Venango	NA	NA
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	VA New York Harbor HCS		
	Chapel Street	NA	NA
	James J. Peters VAMC		
	Queens	NA	NA
	Erie VAMC		
	Venango	NA	NA
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	VA New York Harbor HCS		
	Chapel Street	NA	NA
	James J. Peters VAMC		
	Queens	NA	NA
	Erie VAMC		
	Venango	NA	NA

HF Follow-Up Results

Medical Record Review Results (continued)			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.	VA New York Harbor HCS		
	Chapel Street	NA	NA
	James J. Peters VAMC		
	Queens	NA	NA
	Erie VAMC		
	Venango	NA	NA
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	VA New York Harbor HCS		
	Chapel Street	NA	NA
	James J. Peters VAMC		
	Queens	NA	NA
	Erie VAMC		
	Venango	NA	NA
A clinician educated the patient, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify their providers.	VA New York Harbor HCS		
	Chapel Street	NA	NA
	James J. Peters VAMC		
	Queens	NA	NA
	Erie VAMC		
	Venango	NA	NA

*There were no patients at the Chapel Street, Queens, and Venango CBOCs that met the criteria for this informational topic review.

VISN 3 Director Comments

Department of
Veterans Affairs

Memorandum

Date: October 12, 2012

From: Director, VISN 3 (10N3)

Subject: **CBOC Reviews: Brooklyn (Chapel Street) and Sunnyside (Queens), NY**

To: Director, 54BA Healthcare Inspections Division (54BA)
Director, Management Review Service (VHA 10AR MRS
OIG CAP CBOC)

1. The following OIG recommendations 1-4, 6-8 and 10 follow-up responses to the CBOC review conducted the week of July 16, 2012, are being submitted for your review and consideration.

2. Should you have any questions, please do not hesitate to contact Pam Wright, RN MSN, VISN QMO at # 718-741-4135



Michael A. Sabo, FACHE

New York Harbor HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 15, 2012
From: Director, VA New York Harbor HCS (630/00)
Subject: **CBOC Review: Brooklyn (Chapel Street), NY**
To: Director, VISN 3 (10N3)

1. We appreciate the opportunity to review the draft report of recommendations from the OIG CBOC Review conducted at the VA New York Harbor Healthcare System, Chapel Street CBOC.
2. Please find the attached responses to each recommendation provided in the report. Except where noted, I concur the recommendations and corrective actions are in progress.
3. If you have any questions, please contact Kim Arslanian, Performance Improvement Manager at 718-630-2865.



Martina A. Parauda

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations to the OIG's report:

OIG Recommendations

Recommendation 1. We recommended that the Chapel Street CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: November 15, 2012

The current CPRS clinical reminder for diabetic foot exam will be modified to include risk level.

Recommendation 2. We recommended that the Chapel Street CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: November 15, 2012

The current CPRS clinical reminder for diabetic foot exam will be modified to include patient education provided.

Recommendation 6. We recommended that the security of PII on laboratory specimens is ensured when they are transported from the Chapel Street CBOC.

Concur

Target date for completion: December 15, 2012

The CBOC Manager will purchase coolers with a locking mechanism to replace the current coolers in use.

James J. Peters VAMC Director Comments

Department of
Veterans Affairs

Memorandum

Date: October 12, 2012
From: Director, James J. Peters VAMC (526/00)
Subject: **CBOC Review: Sunnyside (Queens), NY**
To: Director, VISN 3 (10N3)

1. The following OIG recommendations 3, 4, 7-8 and 10 follow-up responses to the James J Peters CBOC Review: Sunnyside (Queens), NY review conducted the week of July 16, 2012, is being submitted for your review and consideration.

2. Should you have any questions, please do not hesitate to contact Carmen Lopez, RN, MSN, Quality manager at telephone # 718-584-9000 Ext 5264 and or e-mail at Carmen.Lopez@va.gov.



ERIK LANGHOFF, MD, PhD
Acting Medical Center Director

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations to the OIG's report:

OIG Recommendations

Recommendation 3. We recommended that the Queens CBOC clinicians document complete foot screenings for diabetic patients in CPRS.

Concur

Target date for completion: completed August 2012

Facility response: During the survey it was identified that the CBOC clinicians did not document the complete foot screening for diabetic patients in CPRS. In reviewing the patients records 3 out of 19 patients did not have documentation on foot screenings. Patients identified had foot screenings done outside of the review dates and were completed. In order to avoid issues related to lack of documentation the clinical reminder reports are run quarterly by the facility (PAVE) prevent amputations veterans everywhere coordinator. The reports are disseminated to the Primary Care PCCD for review and follow up if needed. The PAVE coordinator is available for provider in-service and education if needed. In addition, foot screening for diabetic patients was discussed at department wide Primary Care (PC) staff meetings in August and again in October as the expectation applies to all PC treatment venues.

The 4th quarter documentation on foot screening is 100% (N=29).

Recommendation 4. We recommended that the Queens CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: August 30, 2012

Facility response: During the survey it was identified that the CBOC clinician did not document a risk level for diabetic patients in CPRS. 4 out 19 patients had no documentation on at risk levels. All 4 cases were reviewed and patients had documented at risk levels documented in CPRS. In order to address the findings and avoid issues related to lack of documentation the clinical reminder reports are run quarterly by the facility (PAVE) prevent amputations veterans everywhere coordinator. The reports are disseminated to the Primary Care PCCD for review and follow up if needed. The PAVE coordinator is available for provider in-service and education if needed. In addition, documenting a risk level for diabetic patients was discussed at department wide Primary Care (PC) staff meetings in August and again in October as the expectation applies to all PC treatment venues.

The 4th quarter reminder report for risk level for diabetic patients screening is 87% (N=68).

Recommendation 7. We recommended that patient privacy in the examination rooms is ensured at the Queens CBOC.

Concur

Target date for completion: September 2012

Facility response: Curtains around the examination tables have been installed to provide privacy and comfort to patients in all exam rooms. Completion date 10/12/2012. The exam rooms' tables have also been reconfigured so not to face the door.

Recommendation 8. We recommended that the security of PII on laboratory specimens is ensured when they are transported from the Queens CBOC.

Concur

Target date for completion: November 2012

Facility response: All motor pool and Queens CBOC employees have completed their training related to patient privacy and security awareness which is documented in TMS. The facility is currently in the process of purchasing six secure containers for transporting specimens from the CBOC to the main facility. The containers will be locked whenever transporting samples with patient information attached. The containers will be locked by zip tie. The current SOP is being modified to reflect the new process.

Recommendation 10. We recommended that managers develop a local policy for MH and/or medical emergencies that reflect the current practice and capability at the Queens CBOC.

Concur

Target date for completion: August 30, 2012

Medical Emergencies guidelines' for CBOC staff are imbedded within Policy Memorandum 11-038 and 00-343. Guidelines dictate that in case of medical emergencies CBOC staff is to call 911. Basic standard of care by medical staff is followed to stabilize current emergent situations until 911 responders arrive.

Since the CBOC inspection we have collaborated with the Mental Health Service and the SOP-031 was formulated on August 2012 to address mental health emergencies in the CBOC. The SOP has been distributed to primary care staff in the CBOC.

VISN 4 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 10, 2012

From: Director, VISN 4 (10N4)

Subject: **CBOC Review: Franklin (Venango), PA**

To: Director, 54BA Healthcare Inspections Division (54BA)
Director, Management Review Service (VHA 10AR MRS
OIG CAP CBOC)

I have reviewed the draft report of the Erie VA Medical Center. I concur with the findings and the facilities response.



MICHAEL E. MORELAND, FACHE

Erie VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 4, 2012
From: Director, Erie VAMC (562/00)
Subject: **CBOC Review: Franklin (Venango), PA**
To: Director, VISN 4 (10N4)

1. I have reviewed the draft report of the Inspector General Community Based Outpatient Clinic Review of the Erie VA Medical Center. I concur with the findings outlined in this report and have included corrective action plans for each recommendation.

(Original signed by :)

MICHAEL D. ADELMAN, MD

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations to the OIG's report:

OIG Recommendations

Recommendation 5. We recommended that the Venango CBOC clinicians document assessment of therapeutic footwear and/or orthotics for diabetic patients with risk assessment Level 2 or 3.

Concur

Target date for completion: January 4, 2013

Clinical Services is performing a review of our clinical reminder and clinical records to ensure that all appropriate screens are performed, all required documentation is completed and appropriate referrals are made in a timely manner for our moderate and high risk cases. We will make changes to our clinical reminder and documentation templates to ensure that the requirements outlined in Directive 2012-020, Prevention of Amputation in Veterans Everywhere (PAVE) Program are met. Following implementation of these changes, we will monitor compliance with these requirements and report compliance through our Medical Executive Council to the Executive Leadership Board.

Recommendation 9. We recommended that Venango CBOC staff secure the view of PII on computer screens.

Concur

Target date for completion: November 1, 2012

The Privacy Officer performed an assessment/inventory of all computer screens at the Venango CBOC on September 28, 2012 and identified twelve (12) computers where inappropriate viewing of personal identification information (PII) might occur. The Privacy Officer ordered privacy screens for the 12 identified computer screens on October 2, 2012. The date of receipt of the privacy screens is Friday, October 5, 2012. The CBOC Manager and Privacy Officer will insure that appropriate privacy screens are placed on the twelve identified computer monitors no later than November 1, 2012. The Privacy Officer sent an electronic message reviewing Privacy and Security Awareness training to all Erie VA Medical Center employees on October 1, 2012. The Venango CBOC staff reviewed the Privacy and Security Awareness training provided by the Privacy Officer and completion of Venango staff training was documented by "read and sign" on October 3, 2012. Ongoing compliance of safeguarding PII will be monitored by the Environment of Care Administrative Rounds Team and the Privacy Officer.

OIG Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the OIG at (202) 461-4720.
--------------------	---

Contributors	Melanie Cool, MEd, LDN, Project Leader Donald Braman, RN, Team Leader Shirley Carlile, BA Margie Chapin, RT(R), JD Lin Clegg, PhD Marnette Dhooghe, MS Cynthia Gallegos, Program Support Assistant Terri Julian, PhD Nelson Miranda, LCSW Joanne Wasko, LCSW Sonia Whig, MS, LDN
---------------------	--

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VISN 3 (10N3)
Director, VA New York Harbor HCS (630/00)
Director, James J. Peters VAMC (526/00)
Director, VISN 4 (10N4)
Director, Erie VAMC (562/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Robert Casey, Kirsten Gillibrand, Charles Schumer, Patrick Toomey
U.S. House of Representatives: Joseph Crowley, Glenn Thompson, Edolphus Towns

This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.